

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1	3					52						
3		2					53						
4	1						54						
5		4					55						
6	1						56						
7	1						57						
8	1						58						
9		1					59						
10		1					60						
11	1						61						
12	1	1					62						
13		1					63						
14	1						64						
15		1					65						
16	1						66						
17		1					67						
18	1						68						
19		1					69						
20	1						70						
21		1					71						
22		1					72						
23	1						73						
24		2					74						
25		2					75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12						TOTAL IND.						
TOTAL DEP.	19						TOTAL DEP.						
TOTAL CLAIMS	31						TOTAL CLAIMS						